

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
RHODE ISLAND SENATE

COMMITTEE ON HEALTH & HUMAN SERVICES

RYAN DUXBURY, *Committee Clerk*

SIGN-UP TO DELIVER TESTIMONY TO THE COMMITTEE

BILL INFORMATION

Bill Number: 19-S-951

Bill Sponsor: Conley

Bill Title: Medical Transportation Services

COMMITTEE MEETING INFORMATION

Date: 6/1/19

Time of Meeting: Rise

Meeting Location: Rm 212

[illegible]

NO TESTIMONY WAS GIVEN ON THIS ITEM AT THIS MEETING ☐

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**RHODE ISLAND LEAGUE
OF CITIES AND TOWNS**

*Distinctive Communities
Powerful Alliance*

**Testimony from Brian M. Daniels, Executive Director
S0951 – Emergency Medical Transportation Services
Senate Committee on Health & Human Services – June 11, 2019**

Thank you, Mr. Chairman and members of the committee, for the opportunity to testify. We appreciate Chairman Conley's sponsorship of this bill and the support from the cosponsors.

This legislation was prompted by a proposed rule change last year for Emergency Medical Services. The Department of Health had proposed, based on the recommendations of the Ambulance Service Coordinating Advisory Board, a series of regulatory changes to EMS services, equipment and staffing. The proposed changes would have mandated additional positions and staffing requirements for local EMS services and established new standards for ambulances. Because there are no municipal officials on the advisory board, we were alerted to the changes by the RI State Association of Firefighters, which we greatly appreciated.

We also learned that the Department of Health had not prepared a municipal fiscal note for the proposal, as required under RI General Laws § 22-12-1.1, which we then requested. Working with city and town officials, the Department of Health and Division of Municipal Finance estimated that the proposal would cost cities and towns over \$900,000 per year – about half from staffing costs and half from additional vehicle expenses. We believe that that estimate was low and also noted that some communities would bear larger burdens than others. Fortunately, state law prohibits a regulation with an unfunded municipal mandate from taking effect until the subsequent fiscal year – one of the few protections cities and towns have from new mandates occurring in the middle of a fiscal year and creating a midyear budget deficit (RI General Laws § 45-13-9.1). In order to ensure that the regulation was adopted in the necessary timeframe, our members worked with the Department of Health to remove the unfunded mandates from the proposal.

These problems could have been alleviated if cities and towns had had a representative on the Ambulance Service Coordinating Advisory Board. As we saw last year, proposed regulatory changes to EMS can have financial and operational impacts on cities and towns. Further, in some communities, EMS staffing and operations are guided by collective bargaining agreements. The Department of Health needs to ensure that its recommended changes to EMS regulations promote public safety while also respecting local control.

This legislation would remove the two Department of Health appointments from the Ambulance Services Advisory Board and replace them with two municipal officials. Further, it would require that any proposed rule that has a municipal fiscal impact be reviewed by this committee prior to

enactment. We believe that oversight requirement is important for two reasons. First, it allows the committee to understand the proposed impact of any rules on cities and towns, as well as any cost-benefit analysis that has been conducted. Second, new mandated costs through regulation affect not only cities and towns, but also private ambulance providers. As we heard in testimony on this regulation last year, some of those providers suggested that the proposed changes would affect their ability to do business in the state. EMS is one component of a complex health care system in Rhode Island, and we need to make sure that the state is not creating conditions that weaken a vital link. Our experience last year is a clear example of how regulations need to be grounded in a careful benefit-cost analysis and not the expensive wish lists from some stakeholders that other people then need to pay for.

We believe that the modest adjustments in the legislation would significantly improve the regulatory process on emergency medical services, and we thank you for your consideration of our views.



Nicole Alexander-Scott MD, MPH
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June 11, 2019

The Honorable Joshua Miller
Chairman
Senate Committee on Health & Human Services (HHS)
State House
82 Smith Street
Providence, Rhode Island 02903

RE: S 951 – An Act Relating to Health & Safety – Emergency Medical Transportation Services

Dear Chairman Miller:

I am writing in opposition to S 951 (the Act), which would replace two (2) employees from the Rhode Island Department of Health (RIDOH) with two (2) municipal officers on the state Ambulance Service Coordinating Advisory Board. S 951 would also require Senate and House committees to hold public hearings concerning proposed RIDOH regulations for ambulance license standards.

RIDOH fully supports the addition of a representative of the Rhode Island League of Cities and Towns. It is important that the voice of Rhode Island's municipalities be included on the Advisory Board. We do, however, have reservations regarding the balance of RIDOH and municipal representation on the board resulting from S 951's removal of two (2) RIDOH officials. Rather than maintaining a balanced number of RIDOH and municipal officials, the Act proposes the addition of two (2) municipal officials including, but not limited to, mayors, town administrators, and town managers, one of whom shall be recommended by the President of the Senate, and one of whom shall be recommended by the Speaker of the House. RIDOH is not in favor of the provision in S 951 that would remove two (2) RIDOH seats from membership on the Ambulance Service Coordinating Advisory Board. However, RIDOH would support changing the current two (2) RIDOH seats to Ex-Officio status.

It is critically important that RIDOH continue to have an active voice on the Board as RIDOH holds unique expertise and information critical to the functioning of ambulance services. RIDOH is responsible for planning for, and oversee licensing of, emergency medical services in the state. Specifically, RIDOH is responsible for:

- Developing and administering the comprehensive statewide plan for emergency medical services;
- Establishing minimum standards for licensing, vehicles, equipment for vehicles, personnel, training, communications and the treatment of acutely ill or injured persons by ambulance and rescue personnel; and

- Collecting and analyzing ambulance run data.

The primary focus of the Advisory Board has been and must continue to be on advising RIDOH on the most effective strategies for saving lives and speeding the healing of “persons injured in accidents or otherwise in need of medical service by providing an emergency care system that will bring the injured or sick person under the care of person properly trained to care for the injured or sick in the shortest practical time and that will provide safe transportation for the injured or sick person to a treatment center prepared to receive the injured person” as outlined in RI General Laws § 23-4.1-1. These represent core public health and safety standards. In both Connecticut and Massachusetts, the state Health Commissioner and the state EMS Medical Director sit on the state EMS Advisory Board. By eliminating department of health officials from the advisory board, S 951 compromises the board’s ability to improve care for injured or sick persons as required by Rhode Island law.

The Act also violates separation of powers by prohibiting the enactment of certain ambulance licensure regulations unless and until committees of the House and Senate hold hearings. This provision impermissibly intrudes on the Executive’s constitutional mandate to faithfully execute the law by authorizing what amounts to a legislative veto of certain proposed regulations. A failure by either house to hold a legislative hearing would effectively veto that regulation. Even if House and Senate committees were to hold timely hearings, the Act would still interfere with the Executive’s ability to implement a comprehensive ambulance licensing scheme by targeting particular regulations for legislative assessment and preapproval.

Sincerely,



Nicole Alexander-Scott, MD, MPH
Director
Rhode Island Department of Health

CC: The Honorable Members of the Senate Committee on HHS
Kristin Silvia, Deputy Chief of Staff to the Senate President
The Honorable William J. Conley